

**Connecticut Secretary of State  
Board of Accountancy  
30 Trinity Street PO Box 150470  
Hartford, Connecticut 06115-0470  
Phone: (860)509-6000  
Fax: (860)509-6247  
Email: [sboa@ct.gov](mailto:sboa@ct.gov)**

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**Explanation of the Complaint Process**

While not mandatory, completion of the form will further assist in the investigation of your complaint.

Upon receiving your complaint form, we will send a copy to the respondent asking for his/her written response to the board within 30 days. Once that response has been received, it will be reviewed and a disposition may be recommended. However, if additional information is necessary, an investigation will be initiated. The legal staff will present the findings to the Board, which has the sole authority to determine the appropriate action.

Please understand that the Board can only take formal action if it finds sufficient basis that the licensee violated Connecticut state laws or regulations. In the case of a hearing, formal charges may be filed against the licensee. The licensee will be given an opportunity to defend himself or herself. If the Board votes to hold a formal hearing, you may be subpoenaed to testify. This process can take a considerable period of time.

If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. You are also advised that the completed complaint form is a "government record," which the Board may be obligated to provide to anyone making a request pursuant to the Freedom of Information Act.

If the complaint involves a dispute over fees, please be advised that the Board has limited jurisdiction over fees charged by professionals. You will be notified in writing when a final determination has been made.

Please complete the attached Pending Litigation Form, if this matter is currently or was previously before a criminal or civil court. Further, you may wish to attach information regarding additional professional and consumer complaints. If the matter is still in litigation, the Board will not act on the complainant until receipt of disposition of the civil matter.

If you have any additional questions or concerns, please feel free to contact the Board. Please note that all information submitted will be subject to public disclosure as required by the Freedom of Information Act.

## Complaint Form

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DO NOT WRITE IN THIS SPACE  
OFFICE RECORD

DATE RECEIVED \_\_\_\_\_

COMPLAINT NO. \_\_\_\_\_

LICENSING INFORMATION \_\_\_\_\_

CERTIFICATE INFORMATION \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

**PLEASE BE ADVISED THAT IT MAY BE NECESSARY FOR YOU TO APPEAR AT A FORMAL HEARING BEFORE THE BOARD.**

Please type/print clearly

### TYPE OF COMPLAINT (Please check all that apply)

Independence

Audit Failure

By Unlicensed Individual

Fraud

Professional Misconduct

Tax Return Errors

By Unregistered Firm

Embezzlement

Conflict of Interest

Advertising

Administrative/recordkeeping

Confidentiality

Incompetence

Return of Client Records

Other: \_\_\_\_\_

### Compliant Information (Individual making the claim)

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

\_\_\_\_\_

### Respondent Information (Individual/Firm against which Complaint is made)

Full Name: \_\_\_\_\_

Work Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Home Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

### Complete Statement of Complaint

Provide details of your allegation (names, dates and other specific information) relevant to your complaint. Provide additional sheets of paper if necessary. Attach copies of all documents that will support your allegation.

[illegible]

**Evidence supporting your complaint** (please check all that apply)

## Invoices

## Reports

## Financial Statements

## Correspondence

## Contracts

Engagement letter

### General Information about the Complaint

I have contacted the person(s) I'm complaining about to resolve this matter.      Yes      No

I have contacted an attorney to assist in resolving this matter.    Yes    No

Attorney's Name \_\_\_\_\_ Daytime Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Mailing Address (including city, state and zip code):

I am willing to testify under oath regarding the allegation in the complaint.    Yes    No

If you are not willing to testify, state the reason(s) below.

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**PENDING COMPLAINTS/LITIGATION:**

1. Case Name. (Include case number):

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2. Attorney(s) Name(s) for all parties involved:  
Complainant's Attorney:

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Respondent's Attorney:

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3. Confidentiality Agreement(s) between the parties. Yes \_\_\_ No \_\_\_

4. Litigation Type. Civil \_\_\_ Criminal \_\_\_

5. Nature of the litigation. (Include a brief description of the charge(s) or claim(s) regarding the case):  
Please feel free to attach necessary documentation.

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6. Case Status. (Include disposition or future court dates):

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I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND  
CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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